

10-26-06  
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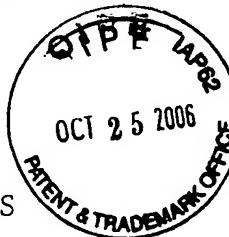
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35145 7590 07/26/2006

COZEN O'CONNOR, P.C.  
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 DATE OF DEPOSIT: October 25, 2006  
 10/30/2006 LWONDIM2 00000001 501275 10752791



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(Depositor's name)
(Signature)
(Date)

1 FEE PAYMENT NO. 30.00 DA FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/752,791 01/07/2004	Paul Q. Anziano	MTGY0001-101	6578

TITLE OF INVENTION: MANGANESE SUPEROXIDE DISMUTASE EXON 3-DELETED ISOFORMS AND NUCLEIC ACID MOLECULES  
 ENCODING THE ISOFORMS

10/27/2006 LWONDIM2 00000071 501275 10752791

1 FEE PAYMENT TYPE	700.00 SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
(2 EC-1500)	700.00 00	\$700	\$300	\$0	\$1000	10/26/2006

EXAMINER	ART UNIT	CLASS-SUBCLASS
HILL, MYRON G	1648	435-005000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).	2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.	Cozen O'Connor, P.C.
<input type="checkbox"/> Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.		2 _____
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3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

PAUL ANZIANO

PHILADELPHIA, PENNSYLVANIA

Please check the appropriate assignee category or categories (will not be printed on the patent):  Individual  Corporation or other private group entity  Government

4a. The following fee(s) are submitted:

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 The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 50-1275 (enclose an extra copy of this form).

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a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.  b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature

Date October 25, 2006

Typed or printed name

Mark DeLuca

Registration No. 33,229

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